



## Complete Summary

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### TITLE

Respiratory disease: percentage of patients admitted to hospital with a diagnosis of acute asthma for whom there is documented objective assessment of severity on initial presentation, during the 6 month time period.

### SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients admitted to hospital with a diagnosis of acute asthma for whom there is documented objective assessment of severity on initial presentation, during the 6 month time period.

### RATIONALE

Asthma is a common condition with most hospitals involved in both outpatient and inpatient management. The condition affects approximately 8% of the population. There are approximately 700 deaths per year in Australia. An admission to hospital for acute asthma should include evidence of a documented review of maintenance therapy, and formulation of an individual crisis plan with the patient.

### PRIMARY CLINICAL COMPONENT

Acute asthma; hospital admission; severity assessment (peak expiratory flow measurement, spirometry, indices of gas exchange)

#### **DENOMINATOR DESCRIPTION**

Total number of patients admitted to hospital with a diagnosis of acute asthma, during the 6 month time period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### **NUMERATOR DESCRIPTION**

Total number of patients admitted to hospital with a diagnosis of acute asthma for whom there is documented objective assessment\* of severity on initial presentation, during the 6 month time period

\*Objective assessment of severity during inpatient management will depend on available facilities and may take the form of peak expiratory flow measurement (at a minimum), spirometry or indices of gas exchange.

### **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

## Application of Measure in its Current Use

### **CARE SETTING**

Hospitals

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Nurses  
Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

### **TARGET POPULATION AGE**

Unspecified

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

See the "Rationale" field.

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Getting Better  
Living with Illness

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Patients admitted to hospital with a diagnosis of acute asthma, during the 6 month time period

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Total number of patients admitted to hospital with a diagnosis of acute asthma, during the 6 month time period

Refer to the original measure documentation for relevant International Classification of Diseases, Tenth Revision, Australian Modification (ICD-10-AM) codes for asthma.

#### Exclusions

All patients that were discharged on the same day as admission are excluded.

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Total number of patients admitted to hospital with a diagnosis of acute asthma for whom there is documented objective assessment\* of severity on initial presentation, during the 6 month time period

\*Objective assessment of severity during inpatient management will depend on available facilities and may take the form of peak expiratory flow measurement (at a minimum), spirometry or indices of gas exchange.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Institutionalization

## **DATA SOURCE**

Administrative data  
Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

Unspecified

## **Computation of the Measure**

## **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

## **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Indicator area 5: respiratory disease CI 5.2.

## **MEASURE COLLECTION**

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

## **MEASURE SET NAME**

[Internal Medicine Indicators](#)

## **DEVELOPER**

Australian Council on Healthcare Standards

## **FUNDING SOURCE(S)**

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

1996 Sep

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

## **SOURCE(S)**

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 5: Respiratory Disease CI 5.2," is published in "ACHS Clinical Indicator Users' Manual 2009."

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## **COMPANION DOCUMENTS**

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on June 10, 2008. This NQMC summary was updated by ECRI Institute on July 2, 2009.

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